

**STATE OF RHODE ISLAND DIVISION OF MOTOR VEHICLES**

Application for Registration and/or Driver License Information

A \$10.00 Fee is required for each Registration Name, Plate, VIN, License Name or Number Inquiry

**SUBMIT BOTH WHITE AND YELLOW COPIES TO THE DIVISION OF MOTOR VEHICLES**

RETURN TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY OR TOWN: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby request information on the following motor vehicle:

Plate Number: \_\_\_\_\_

Vin Number: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

\_\_\_\_\_

I hereby request information on the following Driver's License:

Driver's License Number: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Driver's Address: \_\_\_\_\_

\_\_\_\_\_

Insurance Information available only on transfer or new registration after 9/80.

**\*\*For insurance companies only.**

**\*\*Date of Loss:** \_\_\_\_\_

Purpose of request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_